



centre *for*
suicide prevention



INJURY
PREVENTION
CENTRE

KNOWLEDGE. LEADERSHIP. ACTION.

Self-Harm and Suicide

People injure themselves in order to send a message to others

Co-sponsoring Organizations

Injury Prevention Centre

A provincial organization committed to advancing the impact or prevention, emergency response, treatment and rehabilitation of injuries in Alberta. IPC is part of the School of Public Health, University of Alberta. For more information, visit us at:

<http://injurypreventioncentre.ca/>

Centre for Suicide Prevention

An education centre committed to reducing suicide through education: information services, workshops, presentations, and webinars. CSP is a branch of the Canadian Mental Health Association (CMHA). For more information, visit us at:

<https://www.suicideinfo.ca/>

Subject-Matter Experts

Kevin Hodgson, Manager of Programs, Hockey Education Reaching Out Society (HEROS Hockey). His 15-year career in the Human Services sector has exclusively focused on marginalized children and youth. He is also a Consulting Trainer for the Centre for Suicide Prevention.

Linda Scurr, MEd, counselling program supervisor with Adult Addiction Services Calgary, Addiction and Mental Health (formerly AADAC), Alberta Health Services. As the supervisor of the Calgary AADAC Enhanced Services for Women program Linda was awarded the Premier's Award of Excellence 2005. She is a Consulting Trainer with Centre for Suicide Prevention and has taught suicide intervention training since 1975.

Dave MacLeod, MSc RPsych, founding clinical psychologist with Western Psychology Services in Calgary, now the overseer of the WPS co-operative. Dave began work in suicide prevention in the late 1970s as a volunteer with the Distress Centre/Drug Centre and has, since then, worked in a variety of adolescent treatment centres around the world. Dave is a Consulting Trainer with the Centre for Suicide Prevention.

Secondary Research

Robert Olson, BA, MLIS, Librarian, Centre for Suicide Prevention, provided secondary research for this webinar.

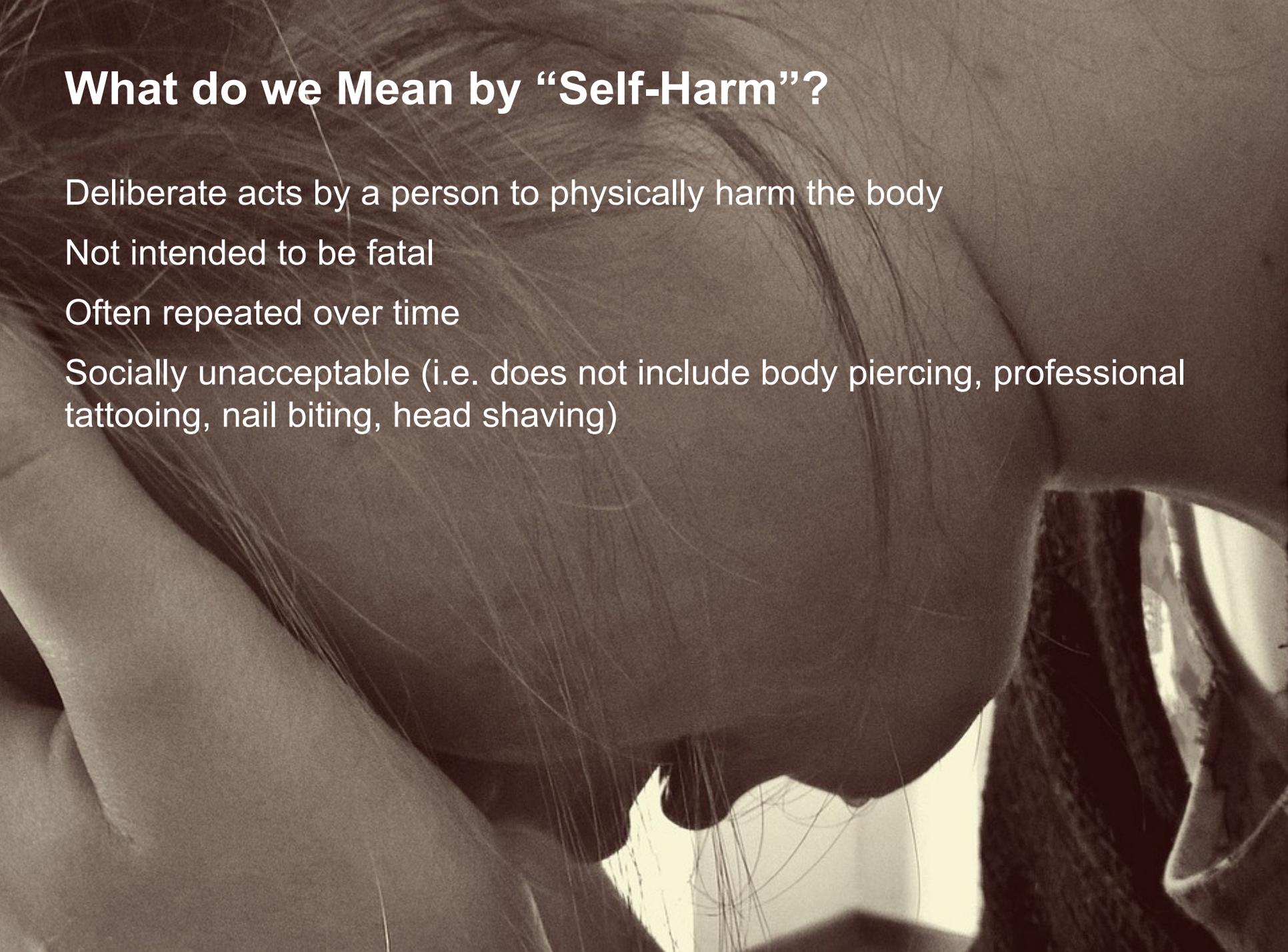
What do we Mean by “Self-Harm”?

Deliberate acts by a person to physically harm the body

Not intended to be fatal

Often repeated over time

Socially unacceptable (i.e. does not include body piercing, professional tattooing, nail biting, head shaving)



Methods

- Cutting 72%
- Burning 35%
- Self-Hitting 30%
- Interfering with wound healing 22%
- Hair pulling 10%
- Bone breaking 8%
- Multiple: (included above) 78%

65-85% are females

Nearly 15-20% of teens in middle to high school self-harm

Average age to begin cutting is 12-15 years old



Fact #1: Self-Harm is not Suicide

(but it can become suicide)

Intent to Die

Outcome	High	Low
Death	Suicide	Unintentional Suicide
Injury	Attempted Suicide	Self-Harm Suicide (parasuicide)

Fact #2: Self-Harm is Learned

Past trauma/invalidation

Physical or sexual abuse

Neglect (the most reliable predictor)

Lack of secure attachments

No memories of unconditional love as a child



Fact #3: Self-Harm is Functional

AFFECT REGULATION

People injure themselves in order to feel better

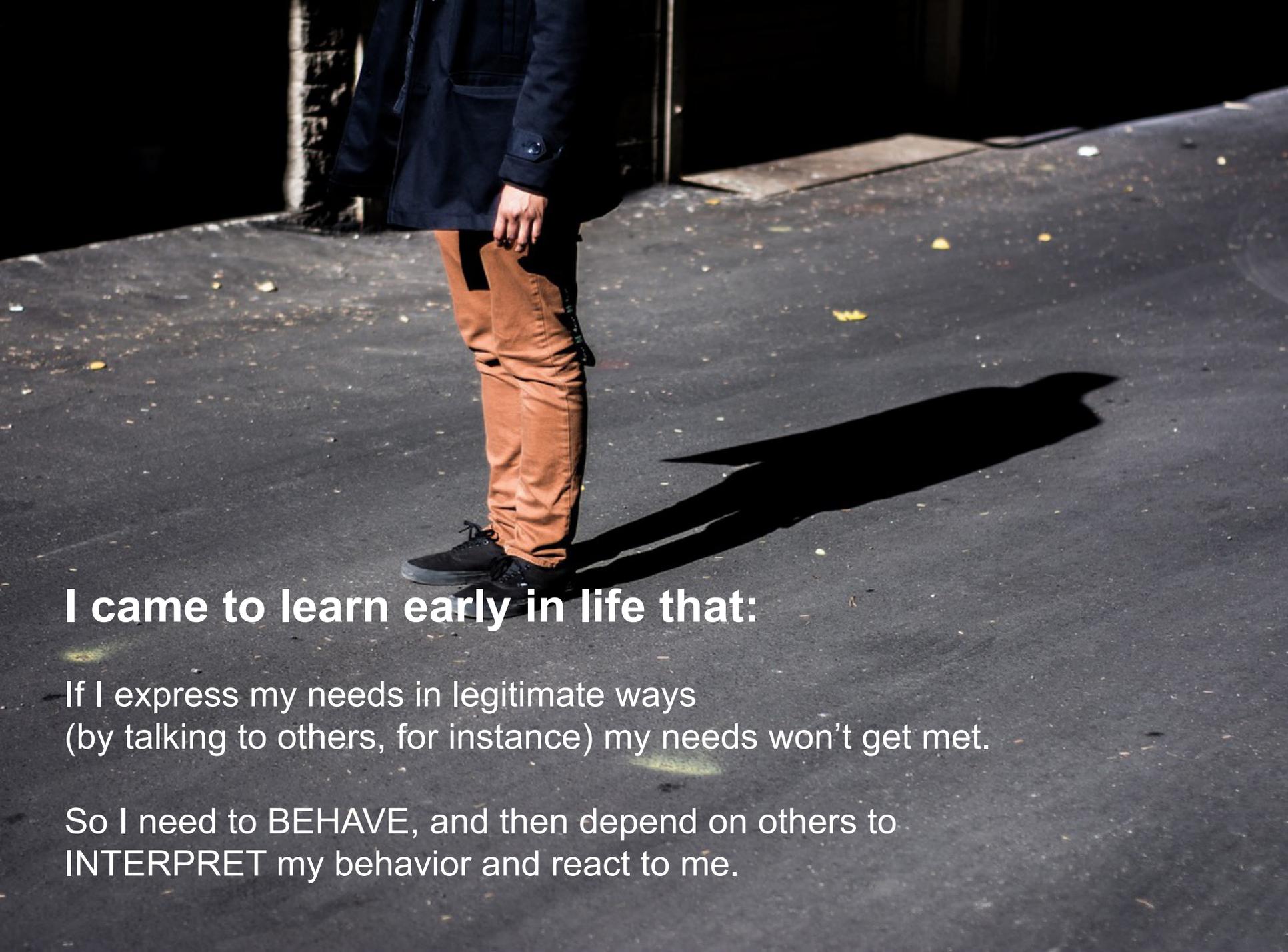
Communication

People injure themselves in order to send a message to others

Control/Punishment

People injure themselves in order to feel a sense of power



A person wearing a dark, heavy coat and brown pants stands on a dark, paved street at night. The person is positioned in the upper left quadrant of the frame. A long, dark shadow is cast from the person towards the right, extending across the middle of the image. The ground is dark asphalt with some scattered yellow leaves. The background is mostly black, suggesting a dark building or street corner.

I came to learn early in life that:

If I express my needs in legitimate ways
(by talking to others, for instance) my needs won't get met.

So I need to BEHAVE, and then depend on others to
INTERPRET my behavior and react to me.

Fact #4: Self-Harm is Challenging

First Aid is not enough

These individuals need therapy

Emotional dysregulation:

- Frequent displays of inappropriate anger
- Depressive bouts
- Mood swings

Recurrent acts of crisis, drama

Intense & unstable relationships (friends, dating partners)

Feeling of emptiness & boredom

Impulsive with money, substance abuse, sexual relationships, binge eating or shoplifting



Intolerant of being alone

Avoid real or imagined abandonment

Uncertainties about identity, self image (more than most teens)

See things in extremes (all good vs. all bad)

See themselves as victims of circumstances

Take little responsibility for themselves

Fact #5: Self-Harm is Manageable

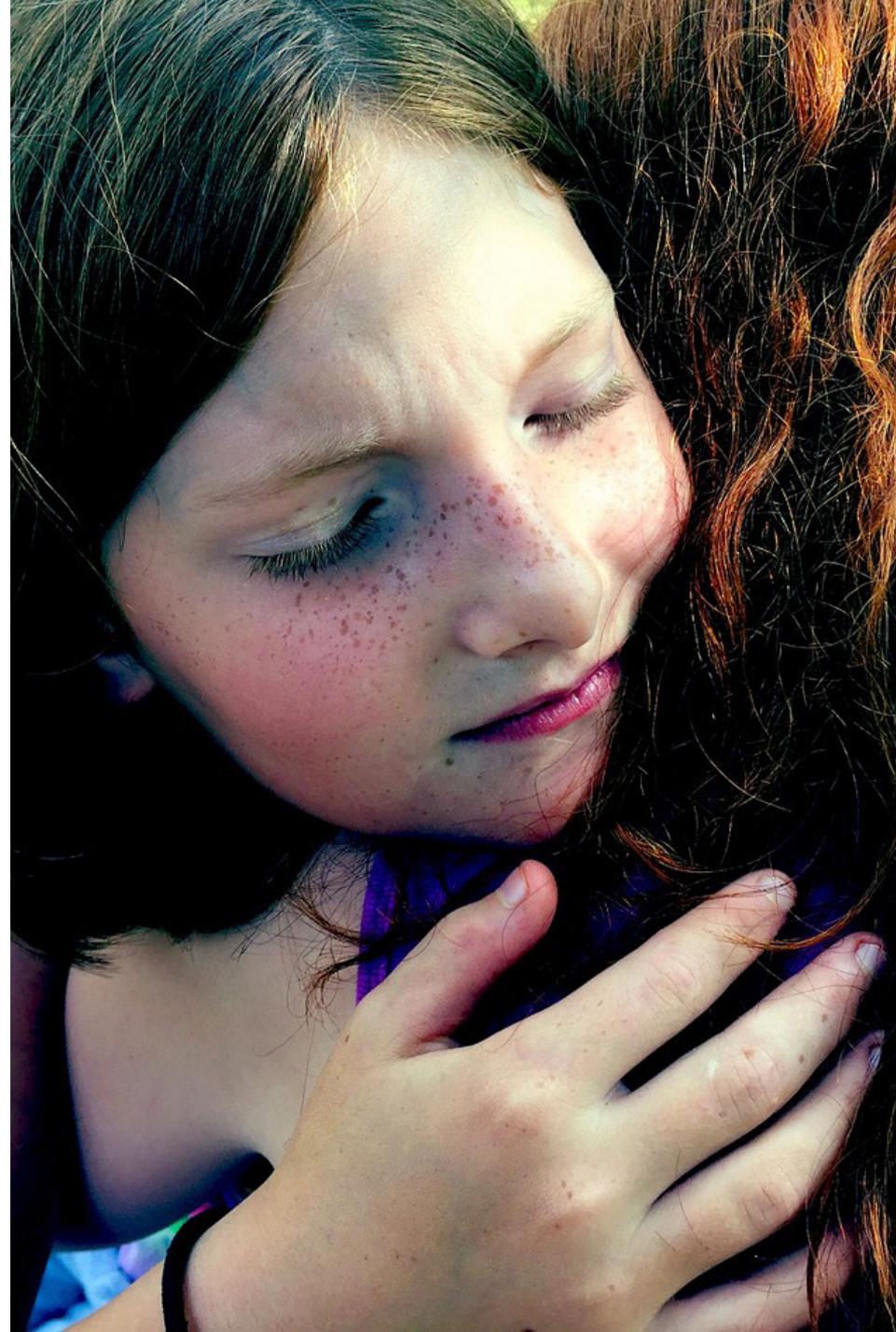
Don't take it personally

Understand your feelings

Be supportive without reinforcing the behaviour

Acknowledge the pain of the student

Take a break



Try not to:

Avoid the subject

Over-focus on the behaviour itself

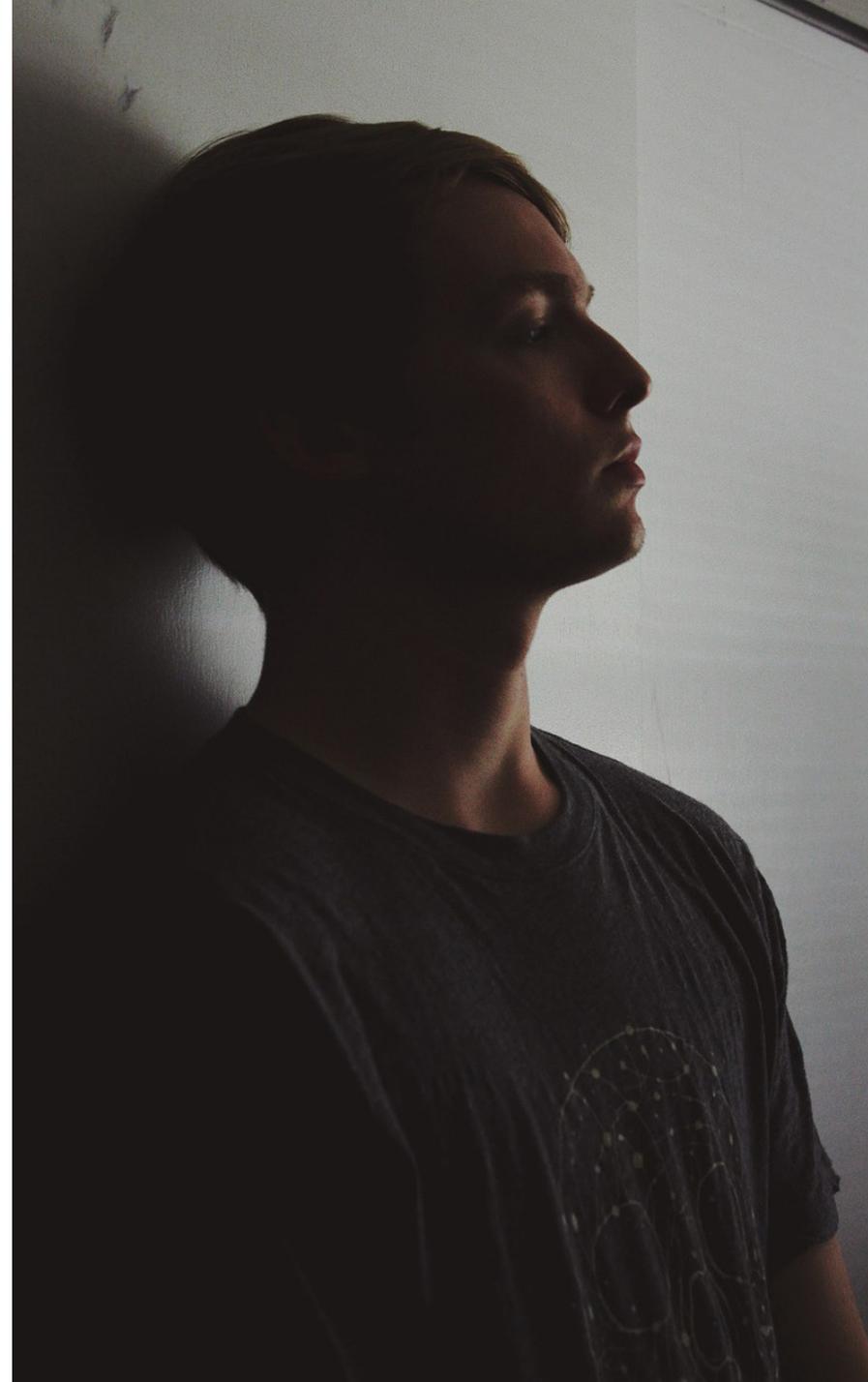
Ignore attention-seeking behaviour

Punish self-harm or use ultimatums

Become excessively sympathetic

Respond with shock, revulsion or averted gaze

Promise confidentiality



Try to:

Understand the role of self-harm in the student's life

Focus on the need that underlies the behaviour, not the behaviour itself

Provide distractions if necessary.

Offer physical safe space

Set limits

Maintain a predictable and regular schedule

Identify a small number of key adults who can be the main contacts

Continue to reduce the number of people involved

Divide and conquer (dismiss friends and bystanders from the scene of the “drama”, or remove the student to a private setting)





Maintain awareness of your own feelings, do not let feelings guide your decisions

Stand in the middle

Resist temptation to:

Love me	vs.	Hate me
Feel sorry for me	vs.	Reject me
Overvalue me	vs.	Undervalue me
Pity	vs.	Anger
Apologize	vs.	Accuse
Over-respond	vs.	Under-respond

Thank You

More questions?

Contact us at: csp@suicideinfo.ca



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